



1626
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Han, et al.

Serial No.: 10/521,508 **Case No.:** MC 060P

Filed: January 18, 2005

For: EP4 Receptor Agonists, Compositions and Methods
Thereof

Art Unit
1626

Auth. Off.:
G. Shameem

Commissioner for Patents
Box Amendments
Alexandria, VA 22313-1450

AMENDMENT

This Amendment is in response to the official Action of February 21, 2006, for which a response is due May 21, 2006. The examiner is respectfully requested to consider the following remarks and amendments to the claims.

Any additional fees associated with this Amendment may be charged to Merck Deposit Account No. 13-2755.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

By Christine Dine Date 5/1/06
MERCK & CO., INC.



PATENT
CASE NO. MC060P

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: HAN ET AL.
Serial No. 10/521,508
Filed January 18, 2005
Group Art Unit 1626
Examiner G. Shameem
For: EP4 RECEPTOR AGONISTS, COMPOSITIONS AND METHODS
THEREOF

Transmitted herewith is an amendment in the above-identified application.

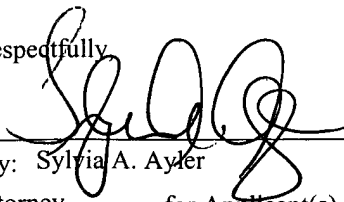
- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>7</u>	-	** <u>20</u> =	<u>0</u> X	\$50	= <u>0.00</u>
Independent Claims	* <u>1</u>	-	*** <u>3</u> =	<u>0</u> X	\$200	= <u>0.00</u>
Multiple Dependent Claims					\$360 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT →						0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

By: Sylvia A. Ayler
Attorney for Applicant(s)

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Date: May 1, 2006

IN DUPLICATE